

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40372**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10363**

No. 300  
10.48

DEC 2 1952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL, and give township) Dittmer	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION D. on A. at Incarnate Word Hospital			
3. NAME OF DECEASED a. (First) Amelia (Type or Print)		b. (Middle) Keim	
c. (Last) Keim		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1952	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Nov. 27, 1868
9. AGE (In years) (last birthday) 85		10. MONTH (Day) (Hours) (Mts.) 11 15	11. CITIZEN OF ILLS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 10
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Fred Voss	
13b. MOTHER'S MAIDEN NAME Dora Klemens		14. NAME OF HUSBAND OR WIFE Jacob Keim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Prevallet, Dittmer, Mo.
17. ADDRESS Mrs. Frank Prevallet, Dittmer, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Generalized Arteriosclerosis</i>  DUE TO (c) <i>Chronic Myocarditis</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4221		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:19 P. M., from the causes and on the date stated above.	
23a. SIGNATURE <i>Garret B. Taylor</i>		23b. ADDRESS 1300 Clark St.	
23c. DATE SIGNED 11 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. DATE REC'D BY LOCAL REG. NOV 12 1952	
25. REGISTRAR'S SIGNATURE <i>W. B. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Donnelly</i>	
25. ADDRESS 3840 Lindell Blvd.		25. ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1404

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.